

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712440

FILED
Jan 09, 2007
Secretary of State

Entity Name: TABERNACLE BAPTIST CHURCH OF ORLANDO, FLORIDA, INC.

Current Principal Place of Business:

6000 WEST COLONIAL DR.
ORLANDO, FL 328087517 US

New Principal Place of Business:

Current Mailing Address:

6000 WEST COLONIAL DR.
ORLANDO, FL 328087517 US

New Mailing Address:

FEI Number: 59-1208894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARE, STEVEN A.
6000 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARE, STEVEN A PD
Address: 4625 ROSE OF JERICO CT
City-St-Zip: ORLANDO, FL 32808 US

Title: T () Delete
Name: RITCHIE, REBECCA C T
Address: 9805 SPRING LAKE DR
City-St-Zip: CLERMONT, FL 34711 US

Title: S () Delete
Name: MURNANE, THOMAS
Address: 1427 CARRIAGE OAKS CT.
City-St-Zip: OCOEE, FL 34761 US

Title: VD () Delete
Name: WILMORE, GREGORY
Address: 1628 FERDELL RD
City-St-Zip: ORLANDO, FL 32818 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN A WARE

PD

01/09/2007

Electronic Signature of Signing Officer or Director

Date